

HHA Letterhead

Date of Notice:

Beneficiary name: _____

Medicare # (HICN): _____

Attending physician: _____

Physician's telephone number: _____

HOME HEALTH ADVANCE BENEFICIARY NOTICE (HHABN)

- ☐ We expect Medicare will not pay for **any** home health services for you.
- ☐ We expect Medicare will stop paying for **some** of your home health services.
- ☐ We expect Medicare will stop paying for **all** home health services for you.

Why Won't Medicare Pay For Your Services?

Medicare only pays for your home health services if you qualify under Medicare program rules. You must be homebound, under the care of a physician, and require intermittent skilled nursing care or therapy, or continue to need occupational therapy. All home health services must be medically necessary for the care of your condition and be ordered by a physician. We, _____, have looked at your medical records and condition. We expect Medicare **will not pay for**: _____

_____ because: _____

This is our opinion based on our understanding of Medicare's home health coverage rules. Talk to your doctor, family, and us about your need for those specified services.

What Does This Mean for You?

You still can get the specified home health services if you think that you need them. We expect that you will have to pay for those services yourself or through any other insurance that you may have. We estimate that all of those services will cost about \$_____.

Only Medicare can make the official decision about Medicare payment.

You can ask Medicare for an official decision if you:

- Request that we provide the specified services pending Medicare's decision.
- Instruct us to submit a claim to Medicare so that Medicare can decide if it will pay for those services. You may give us additional evidence to submit with the claim supporting your need for those services, like a letter from your doctor.
- Choose **Option A** on the next page.

If your home health services are paid for by Medicare and/or by your other insurance, you will be refunded any amounts that you are due.

If you do not hear from Medicare within 90 days you can call Medicare at : (____)_____.
Medicare TTY/TDD for the hearing and speech impaired: (____)_____.

If you have questions, please call us at: (____)_____. TTY/TDD: (____)_____.

What Can You Do If Medicare Decides Not to Pay for Your Services?

You have the right to appeal Medicare's decision not to pay for your home health services. Medicare will send you notice of its official decision not to pay that explains its decision in your case. That notice will explain how you can appeal Medicare's decision not to pay.

What Do You Do Right Now?

1. Choose an option (check only **one box below).**

☐ **A. I want to receive the specified home health services and obtain a Medicare official decision.** Please submit a claim, with any supporting evidence that I include, to Medicare for its official decision. Please bill my other health insurance (_____) if necessary. I understand that, if I have no insurance other than Medicare, I might have to pay for these services while Medicare is making its decision. If Medicare or another insurer does decide to pay and I have made any payments, I will be refunded any amounts that I am due. I agree to be fully and personally responsible for payment of any amount for which Medicare and my other insurance will not pay.

☐ **B. I do not want to receive the specified home health services.**

☐ **C. I want to receive the specified home health services.** I do not want you to submit a claim or any health information to Medicare for an official decision. I know that I will be fully responsible for payment.

2. Sign and date the form, to authorize the option you chose.

On (date) _____, I received this notice explaining to me that
Medicare may not pay for some or all of my home health services.

Date of signature Signature of beneficiary or person acting on beneficiary's behalf

3. Return the form to us at our address below.

HHA Address Block

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept with your personal medical records at our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

This is a Medicare Approved Notice.